

REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number Q86875						
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)]</p> <p>on _____</p> <p>Signature _____</p> <p>Typed or printed name _____</p>		<p>In re Application of Go NAGAYA</p> <table border="1"> <tr> <td>Application Number 10/530,180</td> <td>Filed April 4, 2005</td> </tr> <tr> <td colspan="2">For IN-WHEEL MOTOR SYSTEM FOR A STEERING WHEEL</td> </tr> <tr> <td>Art Unit 3618</td> <td>Examiner Frank Bennett VANAMAN</td> </tr> </table>	Application Number 10/530,180	Filed April 4, 2005	For IN-WHEEL MOTOR SYSTEM FOR A STEERING WHEEL		Art Unit 3618	Examiner Frank Bennett VANAMAN
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For IN-WHEEL MOTOR SYSTEM FOR A STEERING WHEEL								
Art Unit 3618	Examiner Frank Bennett VANAMAN							
<p>Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.</p>								
<p>The fee for this Request for Oral Hearing is (37 C.F.R. § 41.20(b)(3))</p>		\$1080.00						
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 C.F.R. § 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.</p>								
<p style="text-align: center;">CORRESPONDENCE ADDRESS</p> <p><i>Direct all correspondence to the address for SUGHRUE MION, PLLC filed under the Customer Number listed below:</i></p> <p style="text-align: center;">WASHINGTON OFFICE 23373 CUSTOMER NUMBER</p>								
<p>I am the</p> <p><i>Diallo T. Crenshaw</i></p> <p><input type="checkbox"/> applicant/inventor. _____ Signature _____</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. _____ Signature _____</p> <p><input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) _____ Typed or printed name _____</p> <p><input checked="" type="checkbox"/> attorney or agent of record. _____ Telephone number _____</p> <p><input checked="" type="checkbox"/> Registration number 52,778 _____</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. _____ Date _____</p> <p><input checked="" type="checkbox"/> Registration number if acting under 37 CFR 1.34 _____</p>								
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>								

*Total of 1 form is submitted.